

NATIONAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35474

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 353

1. PLACE OF DEATH

(a) County Adair
(b) City or town Kirkville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Ellen Scott

3. (b) If veteran, ✓ 3. (c) Social Security No. None
name was

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Oliver Scott
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased: 10 24 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 10 If less than one day
hr. min.

9. Birthplace Sweden Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Owner house

12. Name John Newberg

13. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Johnson

15. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Scott

(b) Address Mt Pleasant Iowa

17. (a) Burial (b) Date thereof Dec 7 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Iowa

18. (a) Signature of funeral director Robert H. Lambert

(b) Address Mt Pleasant Iowa

19. (a) 12-8-48 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Henry Co
(c) City or town Mt Pleasant Iowa
(If outside city or town limits, write "RURAL")
(d) Street No. 307 N White
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-27-48, 19, to 12-4-48, 19,
that I last saw her alive on 12-4-48, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic ileus

Due to Resection of sigmoid,
rectum and anus
for cancer of rectum

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: See above (ulcerative
infiltrative carcinoma)

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

23. Signature Carl Laughlin Jr (M. D. or other) DO
Address Kirkville, Mo. Date signed 12-4-

RECEIVED

District Health Officer No. 10

District File Number 12-48-2110

Date Filed DEC 9 - 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

H. L. Bowler

Registered Apprentice No.

working under my personal supervision.

Signed.....

H. L. Bowler

Licensed Embalmer No. 3486

P. O. Address Herrington, Jr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.